10-Feb-17

10Feb17-2584

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Business Signature Card

ACCOUNT TITLE ("DEPOSITOR")
SAFETY & HEALTH TECHNOLOGY LLC







ACCOUNT NUMBER TAXPAYERID NUMBER

45-1551391

ACCOUNT TYPE Chase BusinessSelect Checking

DATE OPENED 04/28/2011

BUSINESS ADDRESS 3010 E HICKORY PARK CIR SUGAR LAND, TX 77479-2613 United States/US Territories

FORM OF BUSINESS ISSUED BY JPMorgan Chase Bank, N.A. (201) Hwy 6 and Williams Trace AMY TSANG

PRIMARY IDENTIFICATION

SIGNER(S) TO BE ADDED LATER

ID NUMBER

ISSUER TEXAS

03/31/2011

ISSUANCE EXP DATE

(281) 265-9444 06/06/2012

SIGNER(S) TO BE ADDED LATER

ACKNOWN.EDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the Bank). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimitie signatures of the person(s) authorized to transact bus-ness and (ii) all necessary action or formatibles, where necessary, have been taken to authorize the named person(s) to so set. The Bank is entitled to rely on the authorize the named person(s) to so set. The Bank is entitled to rely on the authority is recoived by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor and individual(s) islanded blow. The Depositor accounts applications or other applicables are count applies and invival interval interval to the set of the Invivalence and authority is recoived by the Bank. It is decretion, to obtain credit reports on the Depositor and Angelogations or other applications or count agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other transactive management services if applicable, and agree to be bound by the terms and conditions contained breein as amended from line to time.

CERTIFICATION—The undersigned certifies under panalities of parityre that (1) the Depositor has not been notified by the Internal Revenues Service (RS) that it is subject to backup withholding, or (b) the Depositor has not been notified by the Internal Revenues Service (RS) that it is subject to backup withholding, as a result of failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is not longer subject to backup withholding, and (3) the Oppositor is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions).

If the IRS has notified the Depositor that it is not longer subject t

The Internal Revenue Service does not require your consent to any pro	vision of this document of	ther than the certifications required to ave	old backup withholding.	
GUOJUN YU		Member Managed	6/1/2012	A SERVICE OF THE SERV
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GOVERNMENT EXHIBIT 920 4:18-CR-368

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LHASE Q
Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") SAFETY & HEALTH TECHNOLOGY LLC DBA ACCUCARE PHARMACY

BUSINESS ADDRESS 3010 E HICKORY PARK CIR SUGAR LAND, TX 77479-2613 United States/US Territories



ISSUER

EXP DATE 03/31/2011



ACCOUNT NUMBER TAXPAYERID NUMBER

ACCOUNT TYPE Chase BusinessSelect Checking

DATE OPENED 04/28/2011

FORM OF BUSINESS Limited Liability Company (LLC) JPMorgan Chase Bank, N.A. (201) Bellaire and Beltway - 269 PAN JIANG

(713) 219-1688 07/23/2012

PRIMARY IDENTIFICATION SIGNER(S) TO BE ADDED LATER

Certification of Business

ACKNOWLEDGEMENT – By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chace Bank, N.A. (the Bank). The Depositor represents and warrants that (i) the signatures appearing below are genuine or faccimite signatures of the person(s) authorized to transact business and (ii) all necessary action or formalists, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such subnotity is received by the Bank. The Depositor certifies that the information provided in the Bank is true to the baset it is knowledge and authorities the Bank, at its discretion, to obtain croprost on the Depositor are individual(s) isseed below. The Depositor accounts account, and other applications or other explications count agreement, which includes all provisions that apoly to this deposit account, and other agreements and service terms for account analyses and deptitions account any the provision of the applications or other explications account agreement, which includes all provisions that apoly to this deposit account, and other agreements and service terms for account analyses and other treasury management services if applicable, and agree to be bound by the terms and conditions contained there as a arrected from time to time. CERTIFICATION—The understrained provided in provisions that applications or other provisions. The provision is account analyses and other penalties of pertury that (i) the Depositor is a provision and (2) the Depositor is a semptify the depositor facts to backup withholding, or (ii) the Depositor of the account analyses and other penalties of pertury that (ii) the Depositor is a semptify from backup withholding, or (ii) the Depositor is a semptify from backup withholding, or a result of failure to report all interest or dividends, or (ii) the semantial that it is no longer subject to backup withholding, as a result of failure to report all interest or dividend

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10Feb17-2584 10-Feb-17

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ACCOUNT TITLE ("DEPOSITOR")
SAFETY HEALTH TECHNOLOGY LLC







TAXPAYERID NUMBER ACCOUNT TYPE

6259 45-1551391

Chase BusinessSelect Checking

DATE OPENED 04/28/2011

FORM OF BUSINESS ISSUED BY JPMorgan Chase Bank, N.A. (201)
Belkaire and Ranchester YONGMEI WU

NOCE EXP DATE 13-773-2203

PRIMARY IDENTIFICATION State Certification of Business SIGNER(S) TO BE ADDED LATER

BUSINESS ADDRESS 3010 E HICKORY PARK CIR SUGAR LAND TX 77479-2613

ID NUMBER

ISSUER

ISSUANCE EXP DATE

04/28/2011

ACKNOWLEDGEMENT — By upping this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the Bank). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary action or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. In the Depositor cardine individual(s) listed does. The Depositor activation activation activation activation activation account, and other expensions or other applicable account are specified by the Bank is the proposition and the individual(s) listed does. The Depositor activation activation account, and other expensions or other applicables account are applicable account, and other expensions the proposition account, and other expensions or other account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

CERTIFICATION — The undersigned certifies under penalties of perjury that (1) the Depositor's Taxpayer identification Number shown above is correct, and (2) the Depositor is not subject to beckup withholding, or (6) the Depositor has not been notified by the Internal Revenue Service (RGS) that it is subject to because withholding, or (6) the Depositor has not been notified by the Internal Revenue Service (RGS) that it is subject to because withholding as a result of failure to report all interest or dividends, or (6) the RS has notified the Depositor that it is no longer subject to beackup withholding, and (3) the Depositor is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions).

If the IRS has notified the Depositor that it is subject to backup withholding due to underreporting interest or dividends on its lax return, cross out item 2 above.

The Depositor is a foreign entity, and therefore the penatics of perjury certification on this form do not apply. In addition, the Depositor has certified its foreign status to the Bank by completing the appropriate Form W-8.

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BUSINESS ACCOUNT ADD SI	UNEKS !	ORM					BAKKE
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AME OF BUSINESS SAFETY &							
		PHARMACY		·····		TAXPAYER ID NO	D. <u>45-1551391</u>
USINESS ADDRESS 3010 E HI		ARK CIR, SUGAR LAND	, 1X 77479-2613			PRANCULOUS NO.	742) 505 2045
RANCH NAME AND NO. KIRBY			COMA CHARDA	BANK NO. 201		BRANCH PHONE NO	
NTEROFFICE MAILCODE TX2-6 Please add the following signer to the account		PREPARED BY: NAME		BOKIY			ATE: 09/15/2014
Please and the rollowing signer to the account Name of the Signer to Add SCOTT BREIMEISTER	nus asted bek	w (other supported signers on recor	o do not change): Title SIGNER	X with	Brun	nature	a vsty
dentification 1) Driver's License 2) None			ID Number		Issuer TX	Issuance Date 03/11/2018	Expiration Date 04/04/2018
Account Numbers:		7375	T				
6259							
Please add the following signer to the account Name of the Signer to Add			Title '		Sigr	oature	Date
dentification			ID Number		Issuer	Issuance Date	Expiration Date
Account Numbers:							
The same and the first of a class of the		7			,		
Please add the following signer to the account Name of the Signer to Add	rits listed beig	w (omer aumonzed signers on recor	Title		Sigr	aature	Date
dentification			ID Number		Issuer	Issuance Date	Expiration Date
Account Numbers:			T				
						-11-	
ERTIFICATION he undersigned hereby certifies that the peccounts. The undersigned further certifies the	rson(s) adde	d as authorized signers on the according as authorized signers, the name	unt(s) indicated above ha	we been added in accorda	nce with resolutions or	other documents of the Business reg	arding signing authority for
or a Corporation or Unincorporated secciation or Organization;		For Sole Proprietorship:		For Partnership or Lin		y: For Government Entity	:
ecretary	Date	Owner/Sole Proprietor	Date	Partner/Member/Manac	8	Date Certifying Official	De
電点を発送。まして人間が予想性分							ત
			1			JPMorgan Chase Sank,	N.A. Member FDIC

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BUSINESS ACCOUNT REMOV	/E SIGNF	RS FORM					CHAS	EO
		TO COLUMN						
NAME OF BUSINESS SAFETY &		·						
		HARMACY				1	AXPAYER ID NO. 45-1	551391
SUSINESS ADDRESS 3010 E HI		ARK CIR, SUGAR LAND	D, TX 77479-2613					5 00 40
BRANCH NAME AND NO. KIRBY				BANK NO. 201		BRANC	H PHONE NO. (713) 52	
NTEROFFICE MAILCODE TX2-6	813	PREPARED BY: NAM	E SOMA CHAKRA	ABORTY			DATE; U	9/15/2014
Please remove the following signer from the Name of the Signer to Remove: GUOJUN YU	accounts liste	d below (other authorized signers o	on record do not change).					
Account Numbers:	***	1-1-1						
6259								
7375								
Account Numbers:								
Please remove the following signer from the Name of the Signer to Remove:	accounts liste	d below (other authorized signers o	on record do not change):		I			
Account Numbers:			_	w.,				
Please remove the following signer from the Name of the Signer to Remove:	accounts fiste	d below (other authorized signers o	on record do not change):					
Account Numbers:			_					
CERTIFICATION The undersigned hereby certifies that the peracounts.	son(s) remove	ed as authorized signers on the ac	count(s) indicated above he	eve been removed in sco	ordance with resolut	ions or other documen	its of the Business regarding sig	ning authority for
For a Corporation or Unincorporated Association or Organization:		For Sale Proprietorship:		For Partnership or L	insited Liability Con	15/14 Fo	r Government Entity:	
Secretary	Date	Owner/Sole Proprietor	Date	Partner/Member/Man	389		rtifying Official	0
							PMorgan Chase Bank, N.A. Mer	mber FDIC S